## Rockingham County Department of Community Development

## SITE PLAN APPLICATION

Date Received: Time Received: Accepted By (initials	Receip	ot #: n. Meeting Date:	<b>Application Type:</b>		
Business Name:					
Business Address: _					
Contact Person:			Daytime Phone:		
Contact Person's Ac	ldress:				
Property Owner:					
Tax Map Number:		Acres:		Zoning:	
Type of Business:			Hours of Operation:		
Proposed Use(s) of I	Building(s) and/or Si	te:			
Size of Building: Existing:		Pro	Proposed:		
Amount of Space Be (if not entire building of	eing Used:				
Number of Employe	ees: Currently:	New	Employees:		
Number of Parking (shall comply with Roo	<b>Spaces:</b> Currently: _ckingham County Zoning C	Ordinance)	New Spaces:		
Size of Sign Associated with this Business: (shall comply with Rockingham County Zoning Ord			ance) Projected Water Usage gallons/day		
	OD OF: Community System Community System	Public Water Public Sewer	Well Cistern Septic System	Alternative	
	n the Rockingham Co			the attached checklist noted. If the required	
(Yes/No)". If the i		is located on a diff		umn labeled "Included dentify the appropriate	
site plan is larger		must be folded to t	hat size for forwardin	oies are required. If the ag to all review persons	
In addition, the applica	nt is required to provide tv	vo (2) copies of the full of	construction plans to the C	ounty.	
Applicant's S	Signature	Pro	perty Owner's Signa	ture (if different)	